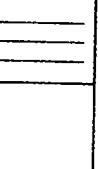
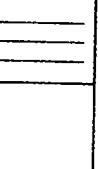
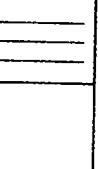


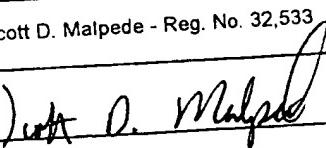
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UTILITY PATENT APPLICATION TRANSMITTAL <i>(Only for new nonprovisional applications under 37 CFR 1.53(b))</i>		Attorney Docket No. 03500.017568 First Named Inventor or Application Identifier TETSUYA ITANO, ET AL. Express Mail Label No.																						
APPLICATION ELEMENTS <i>See MPEP chapter 600 concerning utility patent application contents.</i>																								
1. <input checked="" type="checkbox"/> Fee Transmittal Form <i>(Submit an original, and a duplicate for fee processing)</i> 2. <input type="checkbox"/> Applicant claims small entity status. <i>See 37 CFR 1.27.</i> 3. <input checked="" type="checkbox"/> Specification Total Pages 27 4. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) Total Sheets 13 5. <input checked="" type="checkbox"/> Oath or Declaration Total Pages 2 <ul style="list-style-type: none"> a. <input checked="" type="checkbox"/> Newly executed (original or copy) b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) <i>(for continuation/divisional with Box 17 completed)</i> <ul style="list-style-type: none"> i. <input type="checkbox"/> DELETION OF INVENTOR(S) <i>Signed Statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).</i> 6. <input checked="" type="checkbox"/> Application Data Sheet. See 37 CFR 1.76		ADDRESS TO: Mail Stop Patent Application Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450																						
7. <input type="checkbox"/> CD-ROM or CD-R in duplicate, large table or Computer Program (Appendix) 8. <input type="checkbox"/> Nucleotide and/or Amino Acid Sequence Submission <i>(if applicable, all necessary)</i> <ul style="list-style-type: none"> a. <input type="checkbox"/> Computer Readable Form (CRF) b. Specification Sequence Listing on: <ul style="list-style-type: none"> i. <input type="checkbox"/> CD-ROM or CD-R (2 copies); or ii. <input type="checkbox"/> paper c. <input type="checkbox"/> Statements verifying identity of above copies 																								
ACCOMPANYING APPLICATION PARTS <table border="0" style="width: 100%;"> <tr> <td style="width: 5%;">9.</td> <td><input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))</td> <td rowspan="2" style="vertical-align: middle; text-align: center;">  10/66553 </td> </tr> <tr> <td>10.</td> <td><input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i></td> <td><input type="checkbox"/> Power of Attorney</td> </tr> <tr> <td>11.</td> <td><input type="checkbox"/> English Translation Document <i>(if applicable)</i></td> <td rowspan="2" style="vertical-align: middle; text-align: center;">  10/66553 </td> </tr> <tr> <td>12.</td> <td><input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449</td> <td><input type="checkbox"/> Copies of IDS Citations</td> </tr> <tr> <td>13.</td> <td><input type="checkbox"/> Preliminary Amendment</td> <td rowspan="4" style="vertical-align: middle; text-align: center;">  10/66553 </td> </tr> <tr> <td>14.</td> <td><input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i></td> </tr> <tr> <td>15.</td> <td><input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i></td> </tr> <tr> <td>16.</td> <td><input type="checkbox"/> Other: _____</td> </tr> </table>				9.	<input checked="" type="checkbox"/> Assignment Papers (cover sheet & document(s))	 10/66553	10.	<input type="checkbox"/> 37 CFR 3.73(b) Statement <i>(when there is an assignee)</i>	<input type="checkbox"/> Power of Attorney	11.	<input type="checkbox"/> English Translation Document <i>(if applicable)</i>	 10/66553	12.	<input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449	<input type="checkbox"/> Copies of IDS Citations	13.	<input type="checkbox"/> Preliminary Amendment	 10/66553	14.	<input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) <i>(Should be specifically itemized)</i>	15.	<input type="checkbox"/> Certified Copy of Priority Document(s) <i>(if foreign priority is claimed)</i>	16.	<input type="checkbox"/> Other: _____
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16.	<input type="checkbox"/> Other: _____																							
17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: Prior application information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input type="checkbox"/> Continuation-in-part (CIP) of prior application No. _____ / _____ Group/Art Unit: _____																								
For CONTINUATION OR DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 5b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.																								
18. CORRESPONDENCE ADDRESS <table border="0" style="width: 100%;"> <tr> <td style="width: 30%;"><input checked="" type="checkbox"/> Customer Number or Bar Code Label</td> <td style="width: 40%; text-align: center;">05514 (Insert Customer No. or Attach bar code label here)</td> <td style="width: 30%; text-align: right;">or <input type="checkbox"/> Correspondence address below</td> </tr> <tr> <td>NAME</td> <td colspan="2"></td> </tr> <tr> <td>Address</td> <td colspan="2"></td> </tr> <tr> <td>City</td> <td>State</td> <td>Zip Code</td> </tr> <tr> <td>Country</td> <td>Telephone</td> <td>Fax</td> </tr> </table>				<input checked="" type="checkbox"/> Customer Number or Bar Code Label	05514 (Insert Customer No. or Attach bar code label here)	or <input type="checkbox"/> Correspondence address below	NAME			Address			City	State	Zip Code	Country	Telephone	Fax						
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City	State	Zip Code																						
Country	Telephone	Fax																						

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31088 U.S. PTO
10/66553

CLAIMS	(1) FOR	(2) NUMBER FILED	(3) NUMBER EXTRA	(4) RATE	(5) CALCULATIONS
	TOTAL CLAIMS (37 CFR 1.16(c))	11-20 =	0	X \$ 18.00 =	\$0.00
	INDEPENDENT CLAIMS (37 CFR 1.16(b))	3-3 =	0	X \$ 84.00 =	\$0.00
	MULTIPLE DEPENDENT CLAIMS (if applicable) (37 CFR 1.16(d))			\$280.00 =	\$0.00
				BASIC FEE (37 CFR 1.16(a))	\$750.00
				Total of above Calculations =	\$750.00
	Reduction by 50% for filing by small entity (Note 37 CFR 1.9, 1.27, 1.28).				
				TOTAL =	\$750.00

19. Small entity status
- a. A small entity statement is enclosed
 - b. A small entity statement was filed in the prior nonprovisional application and such status is still proper and desired.
 - c. Is no longer claimed.
20. A check in the amount of \$ 750.00 to cover the filing fee is enclosed.
21. A check in the amount of \$ 40.00 to cover the recordal fee is enclosed.
22. The Commissioner is hereby authorized to credit overpayments or charge the following fees to Deposit Account No. 06-1205:
- a. Fees required under 37 CFR 1.16.
 - b. Fees required under 37 CFR 1.17.
 - c. Fees required under 37 CFR 1.18.

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT REQUIRED	
NAME	Scott D. Malpede - Reg. No. 32,533
SIGNATURE	
DATE	September 22, 2003

SDM/kkv

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